

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90008 026 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 735895

Corporation Name

BACH FESTIVAL OF CENTRAL FLORIDA, INC.



Principal Place of Business	Mailing Address
052 CLEARVIEW AVE P.O. BOX 2764 LAKELAND FL 33806-2764 JS	1052 CLEARVIEW AVE. P.O. BOX 2764 LAKELAND FL 33806-2764 US

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	26	05/24/1976
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
	27	51-0204813
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
	28	\$8.75 Additional Fee Required
Zip	Country	25
	29	30
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STOLZ, MARK A 4008 MAHOGANY RUN 8E WINTER HAVEN FL 33884		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		614 LAKE DEXTER CIRCLE	
		83	
		84 City	

I, Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

GNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ME	GOULD-MOHR, RUTH	1.2 NAME	DIRECTOR D
REET ADDRESS	323 LA SERENA	1.3 STREET ADDRESS	
Y.-ST.-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
LE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	WHEELER, CAROLYN	2.2 NAME	
REET ADDRESS	1950 N. LAKE ELOISE DRIVE	2.3 STREET ADDRESS	
Y.-ST.-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	
LE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	OTTEN, DAVID	3.2 NAME	
REET ADDRESS	6125 YARBROUGH LANE	3.3 STREET ADDRESS	
Y.-ST.-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
LE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	STOLZ, MARK A	4.2 NAME	
REET ADDRESS	4008 MAHOGANY RUN, SE	4.3 STREET ADDRESS	
Y.-ST.-ZIP	WINTER HAVEN FL 33884	4.4 CITY-ST-ZIP	
LE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	HASSE, MARIE	5.2 NAME	
REET ADDRESS	80 EAST RIDGE DR.	5.3 STREET ADDRESS	
Y.-ST.-ZIP	HAINES CITY FL	5.4 CITY-ST-ZIP	
LE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	CLEMONS, BILL	6.2 NAME	
REET ADDRESS	603 FINNEY STREET	6.3 STREET ADDRESS	
Y.-ST.-ZIP	LAKELAND FL 33803	6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark A. Stolz REMARKS: STOLZ 9/7/99 94-324-7535
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)